			CO	VER PAGE - LONG FORM
Recipient Committee Campaign Statement			ate Stamp	FORM 460
(Government Code Sections 84200 - 84216.5)		AUG O	2 2004	Page1 of4
	Statement covers period	Date of Election # applicable:	` I	A For Official Use Only
	from <u>01/01/2004</u>	(Month, Day, Year) REGISTRIAR By Sur1	OF VOIER	
	through <u>06/30/2004</u>		· <del>/</del> /	
1. Type of Recipient Committee:		2. Type of Statement:	0	
🗷 Officeholder, Candidate Controlled Committee 🔲 Ballot I	Measure Committee	☐ Pre-election Statement	☐ Quari	erly Statement
	narily Formed	Semi-annual Statement		al Odd-Year Report
O Recali O Con		☐ Termination Statement	☐ Supp	lemental Pre-election
O Spo	nscred	☐ Amendment (Explain below)	State	ment - Attach Form 495
General Purpose Committee				
	ly Formed Candidate older Committee			, , , , , , , , , , , , , , , , , , ,
O Political Party/Central Committee	oper Committee			
— Tomical Faity out the Committee				
3. Committee Information	I.O. NUMBER 1241200	Treasurer(s)		
COMMITTEE NAME		NAME OF TREASURER		
Tom Daly 2002		Barrett Garcia		
·		STREET ADDRESS		
STREET ADDRESS (NO P.O. BOX)				
		CITY	STATE ZIP CODE	AREA CODE/PHONE
CITY STATE ZIPC	ODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY		
STREET ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX				
STREET ADDRESS (IF DIFFERENT) NO. AND STREET ON P.D. DOX		STREET ADORESS		
CITY STATE ZIP C	ODE AREA CODE/PHONE			
		CITY	STATE ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAXIE-MAIL ADDRESS		OCTOWN FAVE NAM ADDRESS		( )
( )		OPTIONAL: FAX/E-MA/L ADDRESS		
A Maritia alima			······································	
4. Verification				
I have used all reasonable diligence in preparing and re is true and complete. I certify under penalty of perjury un				In the attached schedules
	ider the laws of the State of C	amornia trattile oregoing is tide and com	ect.	
Executed on	By Sant			
OATE OATE	100	SIGNATURE OF TREASURER OR ASSISTANT THE	ASURER	
Executed on 1721-07	By _/010all	<b>\</b>		
DATE	SIGNATURE OF CONTROLLING	GOFFICEHOLDER, CANDIDATE, STATE MEASURE PROPO!	NENT OR RESPONSIBLE OF	FIGER OF SPONSOR
Executed on	BySIGNATU	RE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STAT	TE MEASURE PROPONENT	····
Executed on	By SIGNATU	IRE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STAT	E MEASURE PROPONENT	

## Recipient Committee Campaign Statement Cover Page - Part 2

COVE	R PAGE	- PART	2
CALIFO FORM	RNIA Z	460	
<b>5</b>	2	. 4	

NAME OF OFFICEHOLDER OF CANDIDATE		NAME OF BALLOT MEASURE		<del>.,</del>		
lam Dalu						
Om Daly  FFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	DICT NUMBER OF ARRIVATOR IS					
·		BALLOT NO. OR LETTER JURISDICTION	□ suf	PORT		
ther, District n/a, Orange			OPF	OSE		
ESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT	TY STATE ZIP CODE	Identify the controlling officeholder,	candidate, or state measure proponen	t. if any.		
			NAME OF OFFICEHOLDER, CANDIDATE OR, PROPONENT			
lelated Committees Not Included in t	his Statement: List any committees	· · · · · · · · · · · · · · · · · · ·				
not included in this consolidated statement that	-	//y OFFICE SOUGHT OR HELD	DISTRICT NO. IF A	NY		
ormed to receive contributions or to make expe	anditures on behalf of your candidacy.					
OMMITTEE NAME	LD. NUMBER					
		7. Primarily Formed Co	mmittee			
AME OF TREASURER	· CONTROLLED COMMITTE	EE? NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT		
		•		OPPOSE		
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR CANDIDATE				
· ·	•			SUPPORT		
TY ST.	ATE ZIP CODE AREA CODE/PI	HONE NAME OF OFFICEHOLDER OR CANDIDATE	05505 001111 001111	OPPOSE		
	are all soon percentionally	NAME OF OFFICEHOLDER ON CANADATE		SUPPORT		
				OPPOSE		
		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT		
OMMITTEE NAME	1.D. NUMBER		[			
				OPPOSE		
OMMITTEE NAME	CONTROLLED COMMITTE	EE?		OPPOSE		
AME OF TREASURER	CONTROLLED COMMITTE	EE?		OPPOSE		
	CONTROLLED COMMITTE	EE?		OPPOSE		
AME OF TREASURER	CONTROLLED COMMITTE	EE?		OPPOSE		

## Campaign Disclosure Statement Summary Page

NAMEOFFILER Tom Daly, Tom Daly 2002

Statement covers period from 01/01/2004

CALIFORNIA 460

through 06/30/2004

Page\_\_\_\_3 of \_\_\_\_4

1241200

			1241200
Contributions Received	Column A  TOTAL THIS PERIOD  (FROM ATTACHED SCHEDULES)	COLUMN B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions	\$0.00	\$ 0.00	
2. Loans Received Schedule B, Line 7	0.00	0.00	1/1 through 6/30 7/1 to Date 20. Contributions
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	\$0.00	Received \$ 0
4. Non-monetary Contributions Schedule C, Line 3	0.00	0.00	21. Expenditures 0
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$0.00	\$0.00	
Expenditures Made			Expenditure Limit Summary for State
6. Cash Payments Schedule E, Line 4	\$ 150.00	\$ 150.00	Candidates
7. Loans MadeSchedule H, Line 7	0.00	0.00	22. Cumulative Expenditure Made* (If Subject to Voluntary Expenditure Limit)
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 150,00	\$ 150.00	Date of Election Total to Date
9. Accrued Expenses (Unpaid Bills)	0.00	0.00	(mm/dd/yy)
10. Nonmonetary Adjustment Schedule C, Line 3	0.00	0.00	1
11, TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$150.00	\$150.00	
Current Cash Statement			
12. Beginning Cash Balance Previous Summary Page, Line 16	\$2,528.27		
13. Cash Receipts Column A, Line 3 above	0.00		
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00		
15. Cash Payments	150.00		
16. ENDING CASH BALANGERS 12 + 13 + 14, then subtract Line 15	\$ 2,378.27		
If this is a Termination Statement, Line 16 must be zero.			
17. LOAN GUARANTEES RECEIVED Schedule B, Part 1, Column (b)	\$ 0.00		
Cash Equivalents and Outstanding Debts			
18. Cash Equivalents	<b>s</b> . 0.00		
19. Outstanding Debts Add Line 2 + Line 9 in Column C above	s0.0C		

					SCHEDULE E
Schedule E Payments Made				Statement covers period	CALIFORNIA 460
rayments made				from 01/01/2004	FORM 400
				through 06/30/2004	Page 4 of 4
NAME OF FILER Tom Daly, Tom Daly 2002					I.D. NUMBER
					1241200
CODES: If one of the following codes accurately desc	ribes the pa	yment,	you may enter the code. Otherwi	se, describe the payment.	
CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign filterature and mailings	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads		RAD radio airtime and production costs  RFD returned contributions  SAL campaign workers salaries  TEL t.v. or cable airtime and production costs  candidate travel, lodging and meals (exptain)  TRS staff/spouse travel, lodging and meals (exptain)  TSF transfer between committees of the same candidate/s  VOT woter registration  WEB information technology costs (Internet, e-mail)		
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER		CODE	OR DESCRIPTIO	N OF PAYMENT	AMOUNT PAID
Barrett Garcia		PRO			150.00
Schedule E Summary  1. Payments made this period of \$100 or more. (In 2. Unitemized payments made this period of under	\$100	•••••	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	**************************************	\$ 150.00 \$ 0,00
3. Total interest paid this period on outstanding loa	-				
4. Total payments made this period. (Add Lines 1,	∠, and 3. E	nter he	re and on the Summary Page, (	Jolumn A, Line 6.) TO	TAL \$ 150.00